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APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09 883,093	06 14 2001	Catherine Guenther	R-126	7936

7590

07 17 2003

DELTAGEN, INC.  
1003 Hamilton Avenue  
Menlo Park, CA 94025

EXAMINER

WILSON, MICHAEL C

ART UNIT

PAPER NUMBER

1632

DATE MAILED: 07 17 2003

14

Please find below and/or attached an Office communication concerning this application or proceeding.



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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.

EXAMINER	
ART UNIT	PAPER NUMBER

DATE MAILED:

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed 6-11-03 is indicated below.

A. FEE DUE

- ☒ The amendment is considered incomplete in that the funds in Deposit Account No. 50-1271 are insufficient to cover the entire fee due. The balance is due within the period set below.
- ☒ The amendment is considered an incomplete response, in that payment of \$ 460.00 is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
- ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
- ☐ The filing fee of \$ \_\_\_\_\_ submitted in this application is insufficient.  
A balance of \$ \_\_\_\_\_ is due for additional claims.

5. ☐

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE,  
OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,  
WITHIN WHICH TO REMIT THE FEE OF \$ 460.00.

B. EXCESS PAYMENT:

- ☐ It is noted that payment of \$ \_\_\_\_\_ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

*[Signature]*  
CLERK OF GROUP